

## Medication List

**Information:**

|                                 |                 |
|---------------------------------|-----------------|
| <b>Name:</b>                    | <b>Address:</b> |
| <b>Phone number:</b>            |                 |
| <b>Date of Birth:</b>           |                 |
| <b>Emergency Contact/phone:</b> |                 |

## Allergies

|              |           |
|--------------|-----------|
| Allergic to: | Reaction: |
| Allergic to: | Reaction: |
| Allergic to: | Reaction: |

List ALL medications you are currently taking: please include prescriptions, over-the-counter medications, and herbals. *Update with each visit to your provider.*

[illegible]